

**EXHIBIT 244**

**MODEL LETTER ANNOUNCING TO THE STATE LABORATORY PROGRAM, THAT A CLIA-EXEMPT LABORATORY IS IN COMPLIANCE WITH THE CLIA CONDITIONS AFTER A SAMPLE VALIDATION OR SUBSTANTIAL ALLEGATION OF NONCOMPLIANCE SURVEY**

**(Date)**

Name of State Laboratory Program  
Address  
City, State, ZIP Code

Dear \_\_\_\_\_:

RE: Laboratory Name  
CLIA Number (**CLIA Number**)

I am pleased to inform you that as a result of the Centers for Medicare & Medicaid Services' (CMS) (**sample validation, complaint**) survey, the (**name of laboratory**) was found to be in compliance with the Clinical Laboratory Improvement Amendments of 1988 (CLIA) Conditions.

The CMS surveyors have advised the (**name of laboratory**), however, of other deficiencies noted during the (**sample validation, complaint**) survey of the laboratory, and we are enclosing a listing of all deficiencies found by them. We have informed the (**name of laboratory**) that you will be in touch with them to discuss the survey findings and to monitor the correction of the deficiencies.

Under Federal disclosure rules, the results of the findings of this survey are available for public disclosure within 90 days of the completion of the survey.

Sincerely yours,

Associate Regional Administrator  
(or its equivalent)

Enclosure(s)